

Indexing grey multilingual literature in General Practice: Family Medicine in the Era of Semantic Web

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Problem/Goal: *Sharing the results of research with General Practitioners (GPs) is crucial for the survival of the discipline of General Practice / Family Medicine (GP/FM). The production of abstracts in GP/FM probably exceeds 15,000 per year worldwide. Each abstract often represents two years of work for its authors and is expressed in local languages. Only 45% of them are published in indexed medical journals. Usual indexing systems like MeSH are not multilingual nor adapted to the particular field of GP/FM. Consequently, these abstracts are lacking bibliographic control and more than half of the research presented by GPs at congresses is lost. Considering the absence of appropriate domain-specific terminologies or classification systems, we propose a new multilingual indexing system. The existing International Classification of Primary Care (ICPC) is currently used for clinical purposes and has now been expanded with a taxonomy related to contextual aspects (called Q-Codes) such as education, research, practice organization, ethics or policy in GP/FM, currently not captured. The set is proposed under the name Core Content Classification in General Practice (3CGP). The aim is to facilitate indexing of GP/FM specific scientific work and to improve performance in information storage and retrieval for research purposes in this field.*

Research Method/Procedure: *Using qualitative analysis, a corpus of 1,702 abstracts from six GP/FM- related European congresses was analyzed to identify main themes discussed by GPs (e.g., continuity, accessibility or medical ethics), handled in a domain-specific taxonomy called Q-Codes and translated in 8 languages. In addition, a methodology for building a lightweight ontology (in OWL-2) was applied to Q-Codes, adding object and datatype properties to the hierarchical relations, including mapping to the MeSH thesaurus, Babelnet (www.babelnet.org) and Dbpedia. Finally, the Q-Codes in 8 languages have been integrated in a healthcare terminology service (www.hetop.eu/q) with a companion website (<http://3cgp.docpatient.net>).*

Results of the Research: *The creation and the on-line publication of this multilingual terminological resource (see <http://3cgp.docpatient.net>), for indexing abstracts and for facilitating Medline searches, could reduce loss of knowledge in the domain. The database is available in 12 human languages and in Web Ontology Language (OWL) for computer use. In addition, through better indexing of the grey literature (online database, congress abstracts, master's and doctoral thesis) of which we show the first results, we hope to enhance the accessibility of research in GP/FM domain and promote the emergence of networks of researchers.*

Indication of costs related to the project: *This project has not been funded. 3CGP is placed under Attribution-Non-Commercial-Share-Alike 4.0 International (CC BY-NC-SA 4.0). ICPC is copyrighted by WONCA.*

Keywords *General practice, Terminology, Electronic publishing, Repository, Grey Literature.*

1. BACKGROUND

1.1. Need for information in family medicine

In the cycle of patient centered information (Jamoulle et al., 2015), the General Practitioner (GP) is simultaneously a heavy user and producer of published/unpublished data. Data could be clinical, (i.e. dealing with symptoms, processes and diseases) or contextual. Contextual data can address particular issues concerning the patient, which may influence the process of care (Schrans et al., 2016). However, contextual data can also deal with issues concerning the doctor, the managerial aspects of care. In this work, the focus will remain on these last contextual medical features of General Practice / Family Medicine (GP/FM), as its tools for training, research, ethics, inquiry, environmental issues, infrastructure and principle of care.

The realm of GP/FM differs from mainstream health care, as Family Physicians (FPs) address biological, technological, behavioral, sociological and anthropological domains. All of these have a deep impact on the terminologies needed (Helman, 2008; Thompson et al., 2014). The biological and technological fields of medical terminologies are now almost complete (Jonquet et al., 2016; Lelong et al., 2016). However, they sometimes fall short when applied to the field of GP/FM, which relies intensely on complexity and timeline issues (Liang et al., 2014; Madkour, Benhaddou, and Tao, 2016). Albeit well documented clinical issues, professional contextual issues, like management, teaching, research, and ethics are documented in a fragmented way for the first level of care (Jamoulle et al., 2017a).

1.1.1. **GP/FM, a profession without clear limits**

Despite elaborate definitions of GP/FM Allen et al. (2011) and Primary Care Physicians (PCPs) (AAFP, 2011), the manner in which the profession of GP/FM or PCP is defined and structured varies greatly across family medicine textbooks (Casado Vicente, 2012; Gusso and Lopes, 2012; Kochen, 2012; Murtagh, 2011; Druais et al., 2009; David et al., 2013; Lakhani, 2003; McWhinney, 1997).

If one examines the table of contents of these cited works, as far as the general management and the contextual background are concerned, the quoted books are absolutely different. None give a similar view of the scope and contextual scope of family medicine.

The GP/FM vocational training programs have no homogeneity, despite the recommendations of EURACT, the WONCA Europe working group on education (Heyrman, 2005). Also, when considering Continuous Medical Education, the drug industry's influence on the choice of subjects is decisive, which creates multiple conflicts of interests (Davis, 2004).

1.1.2. **Published and unpublished in GP/FM, what's the meaning?**

Medical Subject Headings (MeSH) are normalized keywords directed to enter queries in Medline, the bibliographic data base of the National Library of Medicine (NLM) through the interface PubMed (Lowe and Barnett, 1994). Currently the PubMed interface gives access to 27,3 millions of citations. A search with 7 GP/FM and 8 specific MeSH descriptors of Primary Health Care (PHC) gives 480.000 citations. (PHC and GP/FM related MeSH are listed in Fig.1), less than 2% of Medline content.

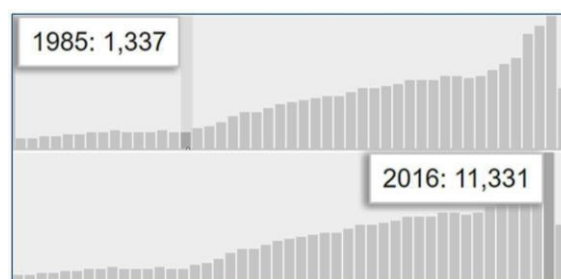
Figure 1. GP/FM & PHC related MeSH in PubMed

Types	MeSH	Year of introduction
Primary Health care (PHC) related MeSH	"Community Health Service" [MeSH:Noexp]	1967
	"Community Mental Health Services" [MeSH:NoExp]	1967
	"Home Care Services" [MeSH:NoExp]	1967
	"Primary Health Care" [MeSH:NoExp]	1974
	"Community Health Centers" [MeSH:NoExp]	1979
	"Community Mental Health Centers" [MeSH:NoExp]	1979
	"Home Care Agencies" [MeSH]	1995
	"Rural Health Services" [MeSH:NoExp]	1996
General Practice / Family Medicine (GP/FM) MeSH	"Physician, Family" [MeSH]	1974
	"Community Medicine" [MeSH]	1977
	"Family Practice" [MeSH]	1978-2010
	"Gatekeeping" [MeSH]	2000
	"General Practice" [MeSH]	2011
	"General Practitioners" [MeSH]	2011
	"Physician, Primary care" [MeSH]	2011

The rise in publications in GP/FM has been inevitable since 1985 (see Fig. 2). This raises question about the Pisa definition of grey literature, considered as *not controlled by commercial*

publishing (GreyNet, 2014), as one can hardly pretend that papers published by the NLM are always commercially controlled.

Figure 2. Evolution of publications in GP/FM (7 MeSH) from 1985 to 2016 on PubMed



Unpublished data in the GP/FM field are numerous. Yet, GP/FM organizations are heavy producers of continuous medical education (VanNieuwenborg et al., 2016). They contribute greatly to training sessions and organize local, regional and national level medical conferences, as well as research meetings (Buono et al., 2013), virtual conferences (Cavadas, Villanueva, and Gervas, 2010), websites, and blogs. They are also active on social networking (Veuillotte et al., 2015). With so many heavy producers of various nationalities, it is important to note that at local and national events, the local language is the rule.

It is not a secret that knowledge translation between doctor and patient is highly controlled by pharmaceutical companies (Moynihan, 2003) (Moynihan and Bero, 2017). Despite the activities of GP organizations, in some countries, domestic papers as medical newspapers remain the main sources of information for practicing doctors (Tabatabaei-Malazy, Nedjat, and Majdzadeh, 2012). Usually, they are edited within an atmosphere of heavy, silent corruption (Angell, 2017). The translation of information by drug representatives is also a determining factor (Greenway and Ross, 2017) as well as predatory open access publications (Shen and Björk, 2015) or pay for publishing process (Quan, Chen, and Shu, 2017) which dismisses whole sectors of publication. This implies that knowledge management tools in GP/FM must be controlled by dedicated, unbiased GPs. The movement of free lunch doctors (<http://www.nofreelunch.org/> (USA)), the no-gracias one (<http://www.nogracias.eu/> (Spain)), the Medico Sin Marca (Chile), (<http://www.medicossinmarca.cl/>), the Therapeutic initiative (Canada) (<http://www.ti.ubc.ca/>) or, more generally, the members of the International Society of Drug Bulletins (ISDD) (<http://www.isdbweb.org>) refuse to adhere the pharmaceutical industry influence. However, sharing the results of research with General Practitioners is crucial for the survival of the discipline of GP/FM, which means a universal system must be created (McIntyre et al., 2016).

1.2. Producing Information at the point of care

It could be believed that a simple terminological subset may be sufficient to meet the needs of GP/FM computer systems. Lack of visibility of the complexity of the work of family doctors has allowed for such biased vision. Of course, the family physician often sees simple problems. But he is accompanying a set of patients throughout a lifetime. The family physician knows a patient more extensively than most specialists do. He also becomes a specialist in patients bearing rare diseases and of various cultural backgrounds. He will, therefore, have extensive terminological needs, even more extensive than many specialists.

1.2.1. Clinical information

The adjective clinical deals here with patient related data, such as: reasons for encounter, symptoms, acts performed or requested and diagnosis. Terminology for clinical information is a highly specialized and difficult field of current medicinal research (Jamouille et al., 2014). Clinical information is accumulated in Electronic Medical Records (EMRs) and, if well organized, transferred to study centers where huge database may be used to teach medicine, analyze epidemiological data or be used for secondary searches (Charlton et al., 2010; Carey et al., 2004; Britt et al., 2003).

1.2.2. Professional contextual information

The term *contextual* applies as a generic term for the name of the taxonomic product presented here, by-product of a PhD thesis in medical sciences (Jamoulle, 2017). A concept like *uncertainty*, the usual companion of the doctor or the concept of *quality assurance* or *environmental health*, are all essential elements of professional practice. These are not clinical terms as they do not always deal with current patient problems. The term *contextual* appeared the most relevant, as it was defined in the Meriam-Webster Dictionary as: *the interrelated conditions in which something exists or occurs*.

1.3. Consuming information at the point of care

As stated by James (2016), the Internet has triggered a transformational change in the dissemination of science in the form of a global transition to open access (OA) publishing. GPs, the rank and file (Chinitz and Rodwin, 2014) workforce in medicine are using those resources extensively despite sometimes huge material difficulties to access the sources when working in rural or remote areas (Salman Bin Naeem, Shamshad, and Amjid, 2013).

1.3.1. Sources of information at the point of care in GP/FM

On-line, directly accessible major documentary databases in open access and local language are not numerous nor specific to the GP/FM field (Hubbard, 2008). The US NLM PubMed database (<https://www.ncbi.nlm.nih.gov/pubmed/>) gives access to millions of paid and open access publications, mostly in English. The Pan American Health Organization sponsors Scientific Electronic Library on-line (<http://www.scielo.org>). SciELO is the South American champion of free access journals, mostly in Spanish (PAHO Bireme Sao Paulo, 2016). The World Health Organization (WHO) supports the Global Index Medicus (<http://www.globalhealthlibrary.net>). In France, LiSSa (<http://www.lissa.fr>) gives access to more than 10⁶ citations of French literature (Cabot et al., 2017a).

To say nothing of Google Scholar, the web is a considerable resource of information in medicine, especially in gray literature. Janamian et al. (2016) have identified and searched for 260 web sites as GP/FM sources. As stated by González-González et al. (2007) *"In primary care, each practitioner encounters more than 500 different clinical topics in any year"*

1.3.2. Use of Medical Subject Headings (MeSH) descriptors in GP/FM

General Practice is a profession generally regarded as part of the first line of care, PHC, a form of care organization. General Practice and Primary Health Care concepts share the same extension, but not the same intension. The first describes the duty of a profession, the second the management of a service (Jamoulle et al., 2017b).

1.3.3. Use of Health descriptors (DeCS)

The controlled vocabulary of Health Sciences Descriptors (DeCS), initially a translation of *MeSH into Spanish and Portuguese, has been expanded with new categories. It was also* adopted into the indexing and multilingual search of the scientific and technical literature in South America (<http://decs.bvs.br/l/homepagei.htm>).

1.3.4. ICPC for Classifying Clinical Issues in GP/FM

The International Classification of Primary Care (ICPC) (Soler, Jamoulle, and Schattner, 2015) is routinely used by physicians around the world to categorize the problems encountered in their practice with patients, i.e. their clinical activity. We will see that ICPC has proved effective in many other uses and show that it is adapted for collecting clinical problems that doctors discuss at congresses.

1.4. Grey Literature as source of information

The price of access to international high-level journals, mostly exclusively in English, is prohibitive. The economic aspect is therefore a major obstacle. However, the change of economic model is under way. McKenzie (2017) considers that the explosion of the use of Sci-Hub facilities (<http://sci-hub.tw>) is the beginning of the end of the scholarly publishing.

Whatever the case, the open access grey literature in medicine is in full development (Swan, 2012). According to Schöpfel (2015), *The term gray literature remains ill-defined, imprecise, with fuzzy outlines*.

We propose to consider grey literature in GP/FM publications that share the following characteristics:

For the background:

- Sharing knowledge specific to the field of GP/FM, no matter the format (papers, articles, memo, master thesis, PhD thesis, leaflet, abstracts of presentation, web pages, video, images, YouTube, Facebook, Twitter, Google+, LinkedIn, dataset).
- Being unreferenced in well-known local or international medical databases (PubMed, LiSSa, Scielo, Lilacs, ORBI, etc.).
- Being submitted to a scientific quality assurance process (in anthropology or bio-sciences).

For the format:

- Being freely accessible in an Open access model.
- Using a systematic multilingual vocabulary encoding scheme (indexing system).
- Relying to Dublin Core Metadata Initiative or equivalent standardization process.
- Being ready for machine use in the semantic web.

1.4.1. Metadata and Vocabulary Coding Scheme

Metadata consists of statements we make about resources to help us find, identify, use, manage, evaluate, and preserve them (Sutton, 2007). Metadata may be interpreted by machines and people. Dublin Core Metadata Initiative (DCMI) (<http://dublincore.org/>) provides simple standards to facilitate the finding, sharing and management of information. Metadata are basic description mechanism for digital information that, can be used in all domains, for any type of resource, simple, yet powerful, can be extended and can work with specific solutions, making it easier to find information on the Web as it develops.

1.4.2. Grey literature and Semantic web opportunities

Metadata allow the retrieval from data from dedicated repositories. Nevertheless, as stated by Goggi et al. (2015), *documents may contain important information that has not been encoded in the metadata*. Extracting key concepts from unstructured texts is the following step, done by semantic annotators, by-product of research in Natural Language Processing. Key concepts could be added to indexing facilities or tagged as identifiable information for use in Linked Open Data (LOD). This opens the *possibility of enhancing the visibility and accessibility of grey literature via its connection to the data it describes and to an advanced full text indexing* (Goggi et al., 2015).

2 AIM OF OUR RESEARCH: PROPOSAL FOR A NEW CODING SCHEME IN GP/FM

Our work aims to identify the themes in knowledge production by GPs in a new Vocabulary Coding Scheme called Core Classification of General Practice Family Medicine (3CGP). This program encompasses clinical and contextual situations in the GP/FM practice. Simultaneously, we hope to develop our system in such a way that machines (i.e., computer), could deal with that data and reason about it using the Semantic web technologies.

The absence of adapted concepts and descriptors for contextual aspects of GP/FM is one of the reasons why the scientific work of family physicians is hard to retrieve from mainstream bibliographic systems. In addition, more than 50% of the scientific output of GPs at conferences is never published (Van Royen et al., 2010). There are no dedicated indexes of grey literature (Mahood, Eerd, and Irvin, 2014), and abstracts or collections of dissertation titles are often not properly indexed in this field (Lawrence et al., 2014).

This work presents a new taxonomy of contextual aspects of GM/FM, in hopes of helping to improve the situation surrounding GM/FM grey literature. Taxonomies provide schemes to help classify entities and define the relationships between them (Dixon, Zafar, and McGowan, 2007). The purpose of this development is also to provide tools to exploit modern technology - in terms of terminology for information storage and retrieval systems (Vanopstal et al., 2011), such as: machine learning, semantic web techniques, natural language processing (NLP) and linking data. This kind of system is already in use in clinical settings for patient data (Colliers et al., 2016) and one hopes to apply such techniques to an indexing system in a near future for the communication of family doctors in congresses and related grey literature.

In brief, our aims are triple:

- To improve annotation of grey literature in primary care.
- To facilitate indexing of congress abstracts and theses.
- To improve the searchability of repositories for these information artefacts.

3 METHODS

3.1.1. Referring to METHONTOLOGY steps for the development of the project

The phases of development of the project are shown on Fig. 3 along the time line. Qualitative analysis of communications of GPs during congresses has induced the creation of a controlled vocabulary organized in a taxonomy. To develop a domain-oriented taxonomy (the simplest form of an ontology- i.e., a light- weight ontology), methodology for ontology construction was included (Gómez-Pérez, Fernández-López, and Corcho, 2003). The four main phases of the METHONTOLOGY process are shown Vertically :

1. Knowledge Acquisition and formalization;
2. Integration process;
3. Implementation;
4. Publication and Dissemination

Knowledge acquisition, formalization and integration were added in 2005. The implementation phase in the online Hetop server began in 2014. We have added a dissemination phase through Internet and publications (see <http://3cgp.docpatient.net/>)

3.1.2. Knowledge acquisition & formalization; Qualitative analysis of GPs' communications by a Computer-Assisted Qualitative Data Analysis Software (CAQDAS)

Using qualitative analysis, a corpus of 1,702 abstracts from six GP/FM-related European congresses was analyzed by qualitative methods to identify 182 themes discussed by GPs (e.g., continuity, accessibility or medical ethics), handled in a domain-specific taxonomy called Q-Codes and translated into 8 languages. To identify key concepts in a domain-specific taxonomy, data is analyzed in a grounded theory approach (Glaser and Strauss, 1999). The qualitative analysis software (ATLAS.ti® <http://atlasti.com/>) was used. ATLAS.ti enabled the ability to map specific words to already-defined ICPC-2 and to find new concepts to feed the new Q-Codes taxonomy. The same theme could not reappear in the same abstract more than once, and (generally) no more than six themes were identified in each abstract. The analysis performed by EGPRN in 2010 on 614 abstracts (Kruschinski and all, 2010), using a similar approach, has been used to control the QR (Research) domain and check the consistency of the Q-Codes proposal.

3.1.3. Integration phase, birth of 3CGP

The Core Content Classification in General Practice/Family medicine (3CGP) is formed by the addition of ICPC-2 for clinical issues and Q-Codes for professional contextual issues, both discussed during meetings between GPs. The Q-Codes taxonomy was elaborated on the model of ICPC, using the letter Q to categorize the contextual elements, for the letter Q was unemployed in ICPC-2.

$$\text{ICPC-2} + \text{Q-Codes} = \text{3CGP}$$

Q-Codes are born from the qualitative analysis of 1,702 abstracts of conferences. Naturally, we hope that future conferences will allow for a surge in new concepts and new entries in the Q-Codes classification. Q-Codes are divided into 8 domains. The taxonomy starts with the QC domain, which represents *Patient's category*, and covers topics such as age, gender issues, and victim-hood. The second one is the QD domain, representing *Family doctor's issue*, which covers issues such as disease management, communication, clinical prevention, and medico legal issues. QE represents *Medical Ethics*. This domain covers bioethics, professional ethics, and info-ethics. The fourth domain is QH, representing "Planetary Health", which deals with such areas as environmental health, biological hazards, and nuclear hazards. The fifth domain is QP, *Patient Issue*, which includes patient safety, patient centeredness, and quality of care. The QR domain is *Research & Development*, covering research methods, research tools, and epidemiology of

primary care. QS is the Structure of Practice domain. It covers topics such as primary care settings, primary care providers, and practice relationships. Finally, the QT domain is Knowledge management. This domain deals with teaching, training, and knowledge dissemination. Each domain of Q-Codes is divided in Categories, Sub-Categories, and Sub-Sub-Categories. A ninth domain, QO for Other will be used in the abstract coding process for not precise descriptions or for a concept worth to be considered as a potential candidate for a new theme.

Figure 3. The phases of development of the project on a time-line. The four main phases of the METHONTOLOGY process

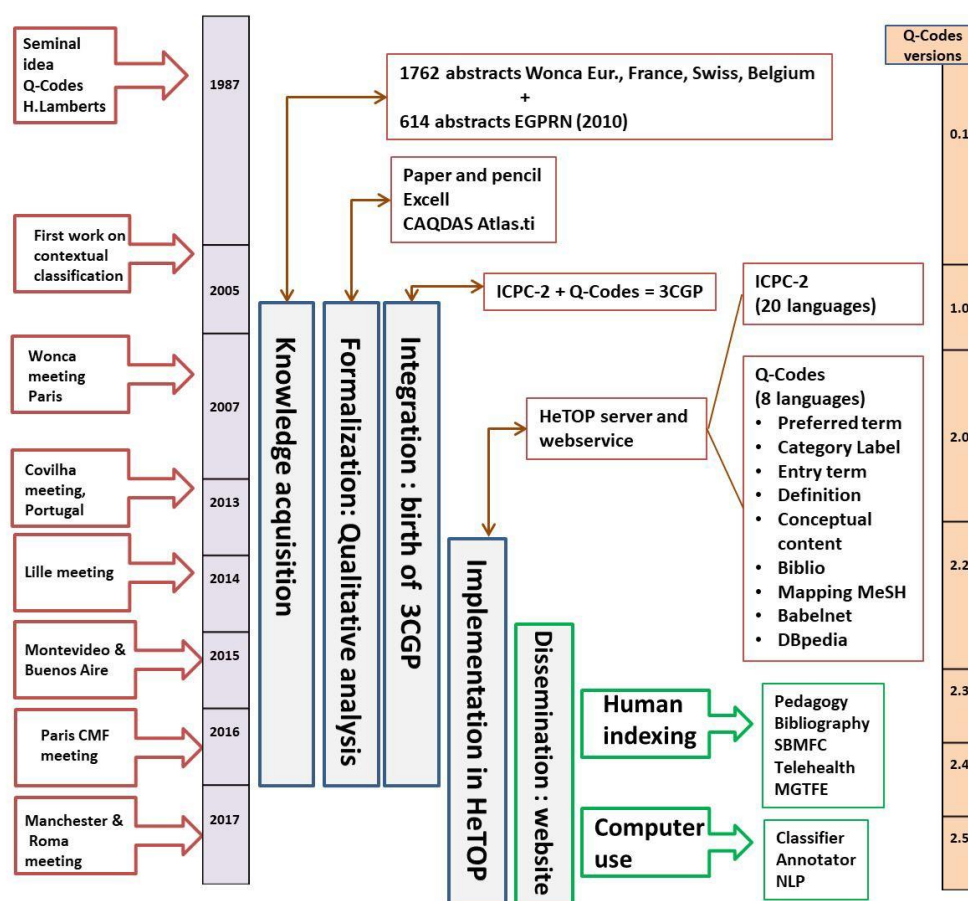
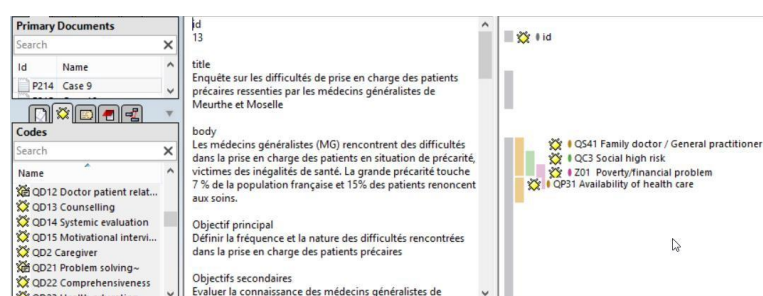


Figure 4. Congress CNGE 2013: After being scanned, coded themes appear on the right column: Q-Codes (QS41, QC3, QP31) and one ICPC code (Z01). Here, the theme identified is the offer of family medicinal services in vulnerable populations. At the bottom left, the software proposes the list of pre-registered Q-Codes. (ATLAS.ti Software)



3.1.5. Dissemination; The HeTOP server as a GP/FM knowledge resource

The HeTOP server, produced by the Department of Medical Information and Informatics (D2IM) of Rouen University (France) is edited in the Web Ontology Language (OWL) (McGuinness and Harmelen, 2004). HeTOP is based on a multi-terminology meta-model and is cross-lingual since terminologies and ontologies are often available in several languages. The web site can be used by both humans and machines via a dedicated web service (<http://www.hetop.eu>). Each HeTOP rubric could be also expressed under an Unique Ressource Identifier (URI) format. Adding Q-Codes to ICPC-2, it was then possible to develop a complete terminology adapted to GP/FM and PHC needs. Although WONCA retains copyright on the use of ICPC, every effort should be made to disseminate it. The HeTOP database is freely accessible by means of a simple registration process. The Q-Codes belong to the author, but they are licensed under a Creative Commons Attribution Non Commercial (CC-BY-NC) licence.

3.1.6. Websites

Free access, bibliography & user guide can be found at <http://3cgp.docpatient.net>. On this site one can reach the 3CGP HeTOP pages i.e. the Q-Codes & ICPC-2 repository at Rouen University Hospital, France in [English](#) – [Español](#) – [Ελληνικά](#) (Greek) – [Français](#) – [ქართული](#) (Kartouli) – [Italiano](#) – [한국인](#) (Korean) – [Nederlands](#) – [Português](#) – [Türk](#) – [Українська](#) (Ukrainian)

4. RESULTS

4.1.1. 3CGP use by humans

3.1.1 Pedagogical use

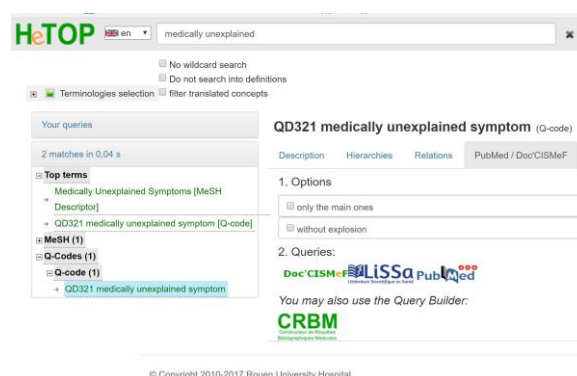
The ICPC is used worldwide as the main data producing system in Primary Care. It is incorporated into Health Information Systems and used in Electronic Medical Records in numerous countries. Availability of ICPC-2 in multilingual URIs is a must for teaching ICPC worldwide. The eight domains addressed by the Q-Codes are the embryo of what could become the table of contents of GP/FM. Teaching GP/FM is a must when referring to a rarely taught although so frequent as *Medically unexplained symptoms* or *Indoor pollution*.

The terms and definitions of the 182 Q-Codes are available in multiple languages, stressing the international interest surrounding this database. The terms and definitions have been edited in book format in 6 languages (es, pt, fr, en, nl, vi). All versions minus Vietnamese are available at the printing office (<https://www.publier-un-livre.com/en/>).

3.1.2 Bibliographic use

GP/FM has no specific indexing system. Twenty per cent of the ICPC-2 codes and all the Q-Codes are mapped automatically to MeSH and each mapping curated manually to MeSH of the National Library of Medicine. Q-Codes are a wonderful tool for teaching specific fields of GP/FM. They are also a useful resource of knowledge for students, researchers and working practitioners at the point of care. Automatic specific citations retrieval system allows access to dedicated bibliography on PubMed but also to LiSSa, the French resources base in medicine (see Fig. 9).

Figure 9. The HeTOP query interface for the Q-Codes *Medically Unexplained Symptom* proposes automatic queries to PubMed and LiSSa bibliographic bases.



The power of Q-Codes as bibliographic tool is also used in a Collaborative Database on Quaternary Prevention Resources and References carefully described online in four languages (<https://tinyurl.com/Tutorial-P4-Library>) The current platform has been designed to be augmented from various sources and shared with whomever necessary. The documents and materials that are uploaded to the platform can be shared through an Excel document. The entries have been coded with the multilingual terminology of general practice and family medicine, Q-Codes (<http://3cgp.docpatient.net>)

3.1.3 Indexing master theses

Figure obtained by manual indexing of conferences to develop the Q-Codes taxonomy is still a source of information on the interest of participating GPs. In Fig.10 we show the distribution of the rubrics of the QT domain in a French congress of GPs.

In this domain, several experiments are ongoing. The work of doctors in general and family medicine training is often of high quality, requires considerable investment from the authors and sometimes represents little-explored research areas. The leaders of the association of the three Belgian francophone universities (CCFFMG) (see in French; <http://www.mgtfe.be/le-guide-dindexation-dun-tfe/>) decided to give visibility to this work by publishing the best of them online. The 3CGP indexing system was chosen to index work by authors At the time of registration. This guide is also available online in English (<https://tinyurl.com/Q-Codes-guide>). The figure 11 shows the results of the coding of student thesis with Q-Codes at Coimbra university medical school between 2008 and 2017. Patient issues (QP) are of growing interest while Research, environment and Ethics are nearly absent. (de Oliveira Tavares & all 2018)

Figure 10. Distribution of QT (Training & Teaching) codes in a congress of French GPs showing the main domains of interest of participating doctors (number of codes used on 212 abstracts) (Q-Codes version 2.3).(Data Marc Jamoulle)

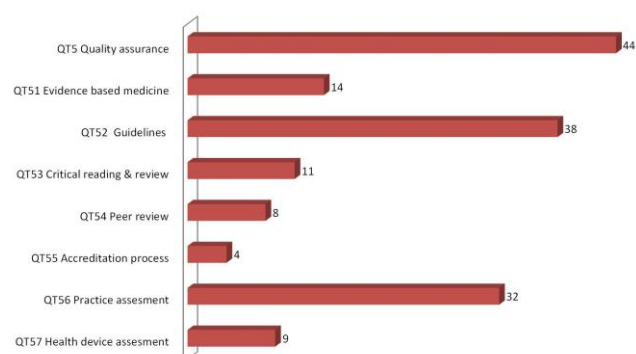
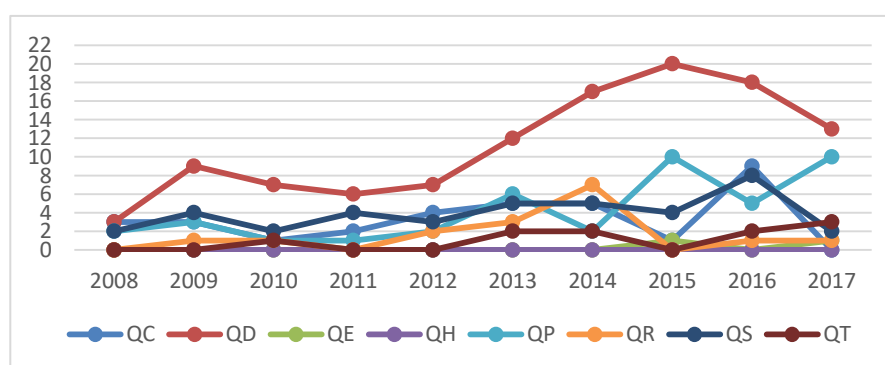


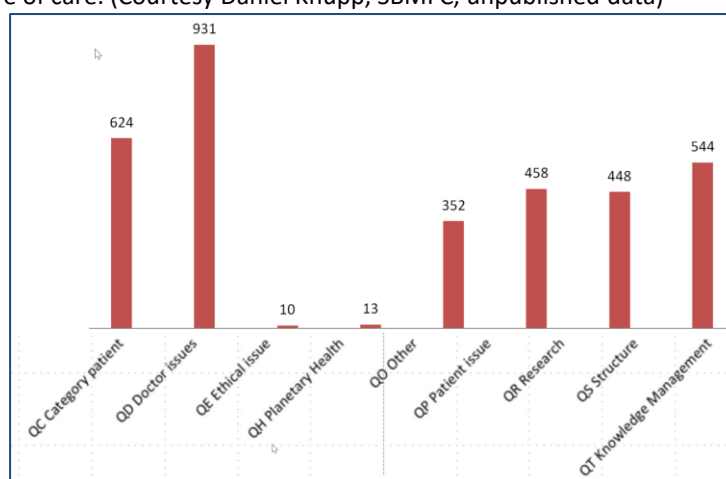
Figure 11 Evolution over time of the contextual contents of the 3CGP in the 6th medical year final assignments. QC-person's category; QD-doctor's issue; QE-medical ethics; QH-planetary health; QP-patient issue; QR-research; QS-structure of practice; QT-knowledge management (Courtesy Dr de OliveiraTavares)



3.1.4 Indexing of congresses

The system developed to index master's theses is reused by the Brazilian Society of Family and Community Medicine (SBMFC). The 3CGP coding system is in use at the deposit page of their 14th Congress. The participants have to choose at least two codes and a maximum of 4 codes of ICPC-2 and Q-Codes. 1,746 reviewed and coded abstracts by participants with ICPC and Q-Code have been retrieved and analyzed. The same experience is planned in 2019 during the next congress.

Figure 12 Distribution of the coding by the participants of abstract presented during the Curitiba meeting, Brazil on Family Medicine in 2017. On a total of 1746 communications, only 10 was dealing with ethics and 13 with environmental issues while 931 was about Doctor's issues or 448 about Structure of care. (Courtesy Daniel Knupp, SBMFC, unpublished data)



3.1.5 Indexing question-answer pairs

This approach has been used on data from Pernambuco, Brazil, for initially manually indexing a sample of 550 questions; with an ultimate goal of semi-automated indexing of larger data sets, measured in the tens of thousands of question-answer pairs. These question-answer pairs originate from the Brazilian Telehealth system, representing communication between rural health care providers and nurses and doctors in the urban Telehealth centers. (Resnick et al. 2013)

4.1.2. 3.8 3CGP use by machines

3.8.1 Automated classifier

To find an automated method capable of analyzing the content of non-clinical General Practice articles and predicting the corresponding Q-Codes categories is not an easy task. A classifier was already developed at the department of Information Systems at the University of Liège (HEC, Professor Ashwin Ittoo). The main difficulties arose from the small amount of sample data available, the large number of categories to be identified, and the high specificity of the scope of Q-Codes making categories difficult to discern (Rigaux, 2015). The classifiers also use filtered lemmatization, and they obtain a modest F1-score of 0.452 and 0.344 respectively. The full work is available in French on; <https://tinyurl.com/yc5ej2bw>.

3.8.2 Automated annotator

The tool *Extracting Concepts with Multiple Terminologies* (ECMT) is a web service developed at D2IM, Rouen. It aims to fully, automatically identify clinically relevant entities in medical texts in French with several types of documents: abstracts titles, documents about marketed drugs and death certificates. The extraction is performed at the phrase level of the text. ECMT has also a user-friendly interface accessible after authentication (<http://ecmt.chu-rouen.fr/>).

Figure 11. Automatic annotation of concepts by ECMT v3 by MeSH (MSH), National Cancer Institute (NCI), MedDRA (MDR), SNOMED (SNO) etc. The red arrow shows the automated

identification of concepts in Q-Codes (CGP); QD4 Prevention and QD44 Quaternary prevention (in French).

Extracteur de Concepts Multi-Terminologique (ECMT v3)

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La prévention Quaternaire (P4) est l'ensemble des activités de santé qui atténuent ou empêchent les conséquences des interventions inutiles ou excessives du système de santé.

Effacer 1 phrases annotées en 525 ms. 44 codes distincts identifiés.

Terme	Ter. Code	Prévention	TSP
154.24 - Activités	DEW 154.24	Prévention	MDR 10036654
320.101 1 - Systèmes	DEW 320.101 1	Prévention	NCI C15843
540.113 - Systèmes	DEW 540.113	prévention et contrôle	MSH Q000517
551.79 - Quaternaire	DEW 551.79	Prévention santé	TSP 009471
Activité	TSP 000206	procédure	SCT 71388002
activité	IUP A00113	procédure préventive (procédure)	SCT 169443000
activité	NCI C43431	QD4 prévention clinique	CGP QD4
activité	SCT 257733005	QD44 prévention quaternaire	CGP QD44
Analyse systémique	TSP 000743	S70B301 PREVENTION	CLA S70B301
Conséquence	TSP 002943	S72EA PREVENTION	CLA S72EA
conséquence	NCI C74555	Santé	MSH M0009825
Ensembl	NCI C45763	Santé	ICN 10008711
ensemble	NCI C63802	santé	SCT 263775005
ensemble	NCI C47894	santé	MSH D006262
excessif	NCI C73992	santé	NCI C25178
excessif	SCT 260378005	Système	NCI C25700
Intervention	RAD R1D10381	système	SCT 246333005
Intervention	NCI C25218	système	NCI C40568
LE systémique	MDR 10024067	système	IUP S06234
médecine préventive	CIS MT21	système	SCT 31099001
médecine préventive	MSH D011315	système	SNO G-A572
		système	NCI C13310

The pertinent terms are retained based on the HeTOP resources. In Fig. 11 an example is given for the processing of the phrase: *La prévention Quaternaire (P4) est l'ensemble des activités de santé qui atténuent ou empêchent les conséquences des interventions inutiles ou excessives du système de santé. [Quaternary Prevention (P4) is the set of health activities that mitigate or prevent the consequences of unnecessary or excessive health system interventions.]* ECMT extracts the terms in French from terminologies in HeTOP like MeSH or the National Cancer Institute terminology (NCI) as well as from Q-Codes terminology (CGP). As observable in Fig.11, QD4 Clinical Prevention and QD44 Quaternary Prevention have been identified.

3.8.3 Using Q-Codes in an e-learning program, Vietnam

Dr. Thành Liêm Võ, from the family medicine unit of the Pham Ngoc Thach Medical University, Ho Chi Minh City, Vietnam (<http://www.pnt.edu.vn/vi/>) has incorporated the Q-codes in Vietnamese in an e-learning system for medical students. The glossary of Family Medicine terminology helps one to understand and standardize the complex concepts of the discipline. It reduces the variety of these interpretations. Vietnamese versions of Q codes are used as a source of reference. For now, Q-Codes has been integrated into the format of glossary in 3 months FM training at Pham Ngoc Thach Medical University.

4 DISCUSSION

4.1 Main findings

Three areas of knowledge are at stake in this study: (i) Family Medicine as a pillar of primary care, (ii) Computational linguistics, and (iii) Information systems. The association of ICPC, in its three components Symptoms, Procedures and Diagnostics, with the Q-Codes forms an indexing system. This system therefore covers clinical and contextual elements specific to General Practice and Family Medicine. This system allows us to identify patients' symptoms and complaints, diagnosis or disease hypotheses, processes used by physicians, either by themselves or by third parties, and, finally, the context of application given by Q-Codes.

The Q-Codes represent a form of controlled medical, multipurpose vocabulary that is subject to further additions. As stated by Cimino *the unit of symbolic processing is the concept - an embodiment of a particular meaning*. Q-Codes can be seen as a medical subject authority list, including medical subject headings, a comprehensive series of mutually exclusive terms. According to guidelines set by Cimino, we have tried to gather a set of non-redundant,

shareable, multipurpose, high-quality permanent concepts, in a mono-hierarchic organization, identified by a set of definitions and linked to existing terminologies. This study proposes a system of Knowledge Management (KM) in GP/FM which could potentially fill a major gap in KM of GP/FM. Conceived as a lightweight, multilingual ontology that is fit for new Internet technologies, NLP, and Semantic Web, 3CGP gives the opportunity to unravel GP/FM productivity and establish GP/FM as a professional discipline aiming at an extended range of specific knowledge.

4.1.1 Filling in a major gap in GP/FM and PHC

To the best of our knowledge, there is nothing similar available in GP/FM that has been developed for both human and machine use. There is also not anything of this measure that demonstrates the complexity of GP/FM. Due to the overlap GP/FM with the first line of health service, this tool could also be useful in Primary Care

4.1.2 Paving the way for an ontology in GP/FM and PHC

Though this project took years of work, it acts only as a base from which future researchers may expand upon. As it was designed according to termino/ontological concepts, is available in OWL and is ready for use with Linked Data. The set of ICPC-2 and Q-Codes is a lightweight ontology; however, because it adapts NLP and automatic and semiautomatic coding it could serve as the basis for the development of a real ontology in GP/FM. The path to a real ontology is still a long time in the making.

4.1.3 Opening the gates for multilingualism in GP/FM and PHC

English has always been the fall-back language of GP/FM. However, family doctors speak to their patients and with one another in their own language, which leads to confusion in translation and varied context of vocabularies. This study has given a potential solution to this issue, by allowing for ICPC-2 to be published in 20 languages and Q-Codes in 8 languages.

4.1.3. Study limitations

4.2.1 A Single-Researcher Study

An important issue to address is that there was a seven-year hiatus in this research, shown by the dates of the conference abstracts analyzed. This was due to an extended illness by the main author. Despite this hiatus, research was eventually able to move forward. Any negative effects resulting from this hiatus may be offset by the fact that only one researcher analyzed the abstracts. Bradley, Curry, and Devers (2007), qualitative data analysis experts, argue that *a single researcher conducting all the coding is both sufficient and preferred.[...]. In such cases, the researcher is the instrument; data collection and analysis are so intertwined that they should be integrated in a single person who is the choreographer of his/her own dance[...]* However, bias of said researcher could have influence over the collection of data and its analysis.

4.2.2 An empirical move

The Q-Codes form the initial building blocks of classification in the GP/FM field. However, this approach has been filled with the personal experience of the main researcher, which may lead to unintentional biases. One can argue that the qualitative approach to the coding process is both inductive and deductive, an approach sometimes called abductive (Silver and Lewins, 2014). As an empirical document, one has tried to change, fill in the gaps and modify content of classifications using GP/FM publications, pair experience, critiques, and application to real work. MeSH's corresponding descriptors, searching, and indexation exercises on published documents have been also a good way to verify the applicability of the classifications.

4.2.3 Validity and reliability

Another potential issue is the validity of identification and concepts generated. Validity is concerned with *whether a variable measures what it is supposed to measure* (Bollen 1984 cited by Adcock and Collier, 2001). Here, we deal with the identification of concepts in texts. Yet, how can we measure that the same text will generate the same concepts accurately? Ambiguity may pose issue in the execution of this project.

Evaluating *Consistency - Reliability - Interpretive Validity* is referring to whether these Q-Codes could be tested. It was imperative that the Q-Codes could be evaluated through extensive use GP/FM grey literature indexation before being considered a valid construct.

4.2.4 A searcher bias in need of discussion

We are not proposing a standard; however, we are proposing a searcher bias in need of discussion. The main aim of this research is to facilitate the management of information produced by family doctors and to prepare it for further computerized development/reuse. The need to manage GP/FM information in a structured and standardized way must remain a substantial facet of research. The future of the profession is at stake.

It is important to recognize that Q-Codes have been created from a limited number of abstracts. If a concept was not present in the read abstracts, it will have no place in the Q-codes. This emphasizes that the current program is limited to a small number of abstracts within the GP/FM field. Q-Codes would need to integrate much more information to be considered a fully applicable program to the field of GP/FM. Further conferences will contribute new concepts to this, while simultaneously helping GP/FM to evolve. We hope that the structure of this proposed taxonomy will remain enough strong to support the introduction of new items, but it must be taken into account that as more information is added, the basis could potentially not be strong enough to accommodate all.

One issue with the Q-codes ontology involves the unique identifiers. *Cimino* notes that when building an ontology, there is an *irresistible temptation to make the unique identifier a hierarchical code which reflects the concept's position in the hierarchy*. However, there are inherent disadvantages to using unique identifiers. The first issue, which we have encountered here, is that the coding system runs out of room to grow (Cimino, 1996). This can be due to limited depth, limited breadth, or both of the unique identifier. For instance, when the code has a limited number of positions (digits), the depth of the hierarchy is limited.

Further ontological research is needed to determine whether the two main rules of taxonomic thinking have been respected: completeness (all identified) and exclusivity (a place for each concept) (Ittoo and Bouma, 2013).

4.2.5 Advantages and limits of The Semantic Web

The Q-Codes bases, like all the terminologies edited on HeTOP server, are fit for The Semantic Web. Semantic Web technologies promote common data formats and exchange protocols on the Web, like the Resource Description Framework (RDF), the cited OWL (now available OWL-2) and the query language SPARQL. We have seen that Linked Open Vocabulary (LOV) (<http://lov.okfn.org/dataset/lov/>), a lightweight ontology, differentiates from other ontologies through its characteristics that enable reuse and integration of other vocabularies-i.e., (i) small size, (ii) low formal constraints, (iii) few instances except for examples, (iv) rich user documentation. Labels, comments, definition, description, etc. are all characteristics of Q-Codes and ICPC-2 on the HeTOP server.

Nevertheless semantic difficulties may arise from the supposed simplicity of the language. The relation *is a* is not a simple relation. Aristotelian logic, which decomposes the proposition into subject and predicate (Younes, 2016), is not sufficient in rendering reality. Following Wittgenstein, the relation *is a* has at least three semantic interpretations. As stated by Wittgenstein (1922) in *Tractatus Logico Philosophicus* (TLP 3.323): *In the language of everyday life it very often happens that the same word signifies in two different ways – and therefore belongs to two different symbols – or that two words, which signify in different ways, are apparently applied in the same way in the proposition. Thus the word "is" appears as the copula, as the sign of equality, and as the expression of existence [.....] In the proposition "Green is green" – where the first word is a proper name as the last an adjective – these words have not merely different meanings but they are different symbols*. Language could be more complex than its use in Health Information systems. As stated by Elish and Boyd (2017): *Because computational systems require precise definitions and mathematically sound logics, sociocultural phenomena that are typically nuanced and fuzzy are rendered in coarse ways when implemented into code*. Again, the last word will be given to Wittgenstein (TLP 4.002): *Language disguises the thought. So that from the external form of the clothes one cannot infer the form of the thought*.

5 CONCLUSION

Constructed on the basis of Semantic web technologies, Q-Codes could be considered as a lightweight ontology ready to be used in the semantic web domain, to be extracted in OWL. The multilingual classes of the classification could be individually reached through Unique Resource Identifiers (URIs). Note that each entry gives access to a detailed terminological description, mappings to other terminologies like Babelnet and DBpedia and to automatic queries on resources like PubMed.

We have created a terminology that highlights the vastness of GP/FM contributions to medical knowledge. We hope, by doing this, to contribute to the recognition of GP/FM as a professional entity within the scientific community that contributes heavily to all fields of medicine. Several questions remain unsolved. Does the current extent of the knowledge base efficiently cover the GP/FM domain? How will this resist the hierarchical structure proposed to the introduction of new themes? Will this system retain enough inter-observers reliability? Nevertheless, given the number of contributions by volunteer translators, such an indexing system seems largely expected by the profession. We hope to transform it into a validated tool for its development.

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